

State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/26/2013

Business ID: 492443

William M. Gardner

Secretary of State

CSC	GG REAL ESTATE, LLC			ADDRESS OF PRINCIPAL OFFICE: 24 KING STREET U1						
24 I	KING STREET U1									
\U	BURN, NH 03032									
			——————————————————————————————————————	AUBURN, NH 03032						
	ENTITY TYPE:	LLC		REGISTERED AGENT AND OFFICE:						
	BUSINESS ID:	492443		REGISTERED TOETT AND OFFICE.						
	STATE OF DOMICILE:	NEW HAMPSHIRE		LOMBARDI, JAMES T, ESQ						
				4 BELL HILL ROAD						
	COMMERCIAL REAL ESTATE			BEDFORD, NH 03110						
				BEDFORD, NH USITU						
	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.									
2	The new mailing address 62 Donald Drive, Auburn, NH 03032									
	The new principal office address 62 Donald Drve, Auburn, NH 03032									
	PO Box is acceptable.									
	MANAGERS			MEMBERS						
`` ' A				AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS						
	LIST AT LEAST ONE MANAGER BELOW OF	JST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	D							

	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS				
	NAME		MEMB.	Joanne Connare			
	STREET		STREET	62 Donald Drive			
3	CITY/STATE/ZIP		CITY/STATE/ZIP Auburn NH 03032				
	NAME		NAME				
	STREET		STREET				
	CITY/STATE/ZIP		CITY/STATE/ZIP				
	NAME		NAME				
	STREET		STREET				
	CITY/STATE/ZIP		CITY/STATE/ZIP				
	NAME		NAME				
	STREET		STREET				
	CITY/STATE/ZIF	CITY/STATE/ZIP		CITY/STATE/ZIP			
		NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED					

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

| Sign here: | Joanne Connare | MEMBER |
| NAME | TITLE

FEE DUE: **\$100.00**

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E-MAIL ADDRESS (OPTIONAL):



049244320131003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED